



# DOUGLAS COUNTY INCIDENT / ACCIDENT REPORT

## SEND COMPLETED FORM TO:

Douglas County Human Resources Department  
Douglas County Courthouse, Rm 322  
Roseburg, Oregon 97470

Type of Incident:      Vehicle\*       Property Damage       Injury

Incident Reported by:    Injured party       Owner of damaged property       County employee

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_

Address \_\_\_\_\_ (w) \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ am/pm

Location of Incident \_\_\_\_\_

Description of Incident Damages/Injuries (as reported) \_\_\_\_\_

Reported Estimated Amount of Damages      \$ \_\_\_\_\_

Name(s), Address(es), Phone Number(s) of Witness(es) \_\_\_\_\_

Date Damage Claim(s) Form Sent (if necessary) \_\_\_\_\_

Employee Receiving Report \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

\*When vehicle accident involving County vehicle, also complete Statement of Facts of Accident (RM3)

Attach police report and other supporting documents.

Human Resources Department Use Only	DOL _____	Department _____	File Name _____	Cross Reference _____	Charge Code _____
	Date Damage Claim Form Received: _____				